How Healthcare Reform affects children ages 14-26.

These changes will only initially impact people who buy new policies or are in plans where the coverage year is about to expire. But by 2011 most Americans will be impacted in some way or the other.

Pre-existing conditions denial of coverage for anyone younger than 19. Insurance plans can no longer deny coverage for children under 19 with a pre-existing condition like asthma, even if their health problem or disability was discovered or treated before applying for coverage. Those over 19 will have to wait until 2014 to get the same benefit.

Family Coverage for adult-children or dependents under 26. Dependent children up to age 26 will be able to stay on their parents' family policy. Before, states regulated the age at which children were removed from their parents' insurance policies, generally, around 18 years old. However, the additional coverage is not going to be cheap and for many, separate, rather than family coverage, may still be a cheaper option. The department of health estimates that the average cost of coverage for each new adult child will be about $3,380 a year in 2011 and $3,500 in 2012. If employers spread out that cost among all families covered by work-based insurance, premiums will rise about 0.7 percent next year and 1 percent in 2012 and 2013, according to the government report as employer health insurance costs rise (2% to 4%).

Children's health insurance program. Kids' eligibility for the popular CHIP (Children's Health Insurance Program), which helps lower-income families, must be maintained; under the bill. States, even if hard-pressed by budget shortfalls, will not be able to cut children from the program until 2019.

Free Preventive Care requirements like vaccinations, mammograms and other screenings must be covered under new plans; customers should not have to pay any deductible, co-pay or coinsurance on them. The thinking behind this is that preventive care is much cheaper than operative or emergency care and so should save insurers and the employer more money over the longer term.

No Life-time benefit caps and $750,000 on annual limits for most plans. Many health plans set a lifetime dollar limit on what they would spend for covered benefits during the entire time you were enrolled in that plan. You were required to pay the cost of all care exceeding those limits. Under the new law, lifetime limits on most benefits are prohibited in any health plan or insurance policy issued or renewed on or after September 23, 2010. The new law restricts and phases out the annual dollar limits that all job-related plans, and those individual health insurance plans issued after March 23, 2010, can put on most covered health benefits. The annual limit will be raised to $2 million after January 2014.

Choose and keep your primary care doctor. The new rules guarantee that you can choose the primary care doctor or pediatrician you want from your health plan's provider network without needing a referral from another doctor.

Emergency care without approval. The new laws mean that you can go to emergency services at a hospital outside your plan's network **without prior approval** from your health plan. Under current plans, approval is normally required to get full coverage.

Cancel in retrospect. Health plans can no longer retroactively cancel insurance coverage, often when you need it most, solely because you or your employer made an honest mistake on your insurance application. Further you now have the right to demand that your health plan provider reconsider a decision to deny payment for a test or treatment. You can also make an external appeal to an independent reviewer.

A number of the new rules don't apply to "**grandfathered**" health insurance plans, which are ones bought for yourself or your family (and is not a job-related health plan) on or before March 23, 2010 (the date that the new law was passed). So if you want to take advantage of them you will most likely have to enroll in a new plan or wait till annual open enrollment.